



10/712449

Practitioner's Docket No.: CDM/8488.9999

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Melnyk, Ivan

Group Art Unit:

Serial No.: ~~10/712449~~

Examiner:

Filed : 11/12/03

Title : FIBER OPTIC SENSING SYSTEM

**INFORMATION DISCLOSURE STATEMENT
IN ACCORDANCE WITH 37 CFR § 1.97(b)**

Chemoff, Vilhauer, McClung & Stenzel L.L.P.
1600 ODS Tower
601 S.W. Second Avenue
Portland, OR 97204

April 2, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The information disclosure statement submitted herewith is being filed within three months of the filing date of the application or the date of entry into the national stage of an international application or before the mailing date of a first Office Action on the merits, whichever event occurs last.

This information disclosure statement supplements the information disclosure statement of February 12, 2004.

In accordance 37 CFR § 1.97(h), the filing of this information disclosure statement will not be regarded as an admission that any reference or combination of references referred to herein is, or is considered to be, material to patentability under 37 CFR § 1.56(b) unless specifically designated as such.

Enclosed herewith is form PTO/SB/08A (1 sheet) listing the enclosed references. Applicant would respectfully request that the Examiner initial this form where indicated

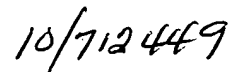


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and return an acknowledgment copy to the applicant to confirm that the listed references were received and considered.

The person making this statement is the attorney who signs below of the basis of information in his files.

Charles D. McClung
Reg. No. 26,568
Attorney for Applicant
Telephone: (503) 227-5631

**Complete If Known**

Filing Date	11/12/03
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First Named Inventor	Melnyk, Ivan
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Art Unit

Examiner Name

Sheet	1	of	2
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Attorney's Docket No.	CDM/8488.9999
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[illegible][illegible]

**Examiner
Signature**

Date Considered

Applicant is to place a check mark here if English language translation is attached.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

[illegible]

Examiner Signature		Date Considered	
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² Applicant is to place a check mark here if English language translation is attached.



TRANSMITTAL FORM

(to be used for all correspondence after initial
filing)

Application Number	10/742,451 10/712 449
Filing Date	11/12/03
First Named Inventor	Metnyk, Ivan
Group Art Unit	
Examiner Name	
Total Number of Pages in this Submission	23
Attorney Docket Number	CDM/8488.9999

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee transmittal form <input type="checkbox"/> Fee attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment <input type="checkbox"/> After Final	<input type="checkbox"/> Licensing Related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosures (Identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	citations;
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of Cd(s)	return acknowledgment postcard
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	Remarks:	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Charles D. McClung
Signature	
Date	April 2, 2004

CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

- ☒ with sufficient postage as first class mail
☐ as "Express Mail Post Office to Addressee" - mailing label no. _____

Type or print name	Charles D. McClung		
Signature		Date	April 2, 2004